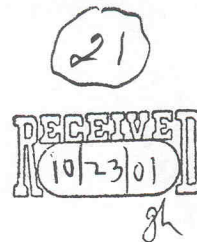


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October 10, 2001

Robert L. Stephenson II
M.P.H., Director
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5600 Fishers Lane
Rockwall II, Suite 815
Rockville, Maryland 20857

Dear Mr. Stephenson,

I write with the intent that you may be able to assist in resolving a random validity/drug testing issue that has recently occurred in my life. I have been employed by Delta Air Lines as a Flight Attendant since December 12, 1996. The details herein are intended to be utilized as a submission for public comment proposed by the Federal Register.

Ironically it has been one year ago today that I was informed by telephone that there may be a problem with the specimen I provided on October 2, 2001. It was that conversation with Delta's Medical Review Officer (MRO) in which he advised me that my specimen was not "consistent with normal human urine." Apparently the specimen I provided failed the validity screen. The content of creatinine was reported as 4.8mg and the specific gravity a 1.001. These specimen levels are considered to be "substituted" therefore reported as "a refusal to test." Note that an actual "drug test" was never performed for the required drugs of the Department of Transportation and the Federal Aviation Administration.

Normally it is Delta's policy to terminate for a "substituted" sample, however, due to previous issues with the lab regarding substituted samples, Delta felt the need to terminate LabOne on September 29, 2000. Delta also reinstated employees who previously had drug-testing samples that were reported as "substituted." With respect to my employment status, Delta decided not to take any administrative action regarding the alleged "substitution" due to a doubtful test result administered by LabOne following their termination.

In order to remain employed with Delta Air Lines and to return to work I had to complete a "return to duty" process. The process included an evaluation with a Substance Abuse Professional that was completed on October 31, 2000 with Dr. Garrett O'Connor. His evaluation stated an advisement of returning to work without any intervention. I was also required to complete a return to work drug test that was administered on December 27, 2000. I was also instructed to comply with follow-up random drug testing consisting of seven to nine times a year (or more) plus random tests. To protect my innocence, I requested, "observed testing" for the return to duty test and all the tests following. Delta complied by granting an observer for the return to duty and the follow-up testing. On my observed "return to duty" test, the validity screen showed creatinine results of 5.6mg.

As suggested previously, following my return to work in January, I was given frequent follow-up tests. It was interesting to find that most creatinine content levels were on the lower end of the scale, ranging from

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4.8mg to 5.6mg. For example, the follow-up test given in March 2001 had creatinine reported as a 5.3mg and specific gravity of 1.003. Conversely, in April 2001 the follow-up test creatinine content was reported as 74mg. On that particular day, I was dehydrated and ill prior to my test that may have significantly contributed to a higher level of creatinine content. To my knowledge there can be significant variation in results depending on the amount of fluids that are consumed.

In April 2001 I made a personal visit to Dr. Hem A. Deodhar, a Nephrologist in Portland, Oregon. She wrote a letter in which was sent to the MRO for Delta in July 2001. She believes that urinary creatinine is a variable and depends on a person's size and urinary dilution. I am a petite woman, 5'2", and 110 pounds. Like many Flight Attendants I try to consume a considerable amount of water especially on the aircraft to prevent dehydration, dry skin, jet lag and for general health reasons. As stated prior and from personal experience there can be obvious significant variation in results depending on fluid intake. Also as an observation, the frequency of urination may be a direct related to variation in creatinine levels.

On June 26, 2001 I was given an additional "observed follow-up" test. On July 6, 2001 the MRO contacted me and advised that the urine sample I provided was "not consistent with normal human urine." Quest Labs reported the level as 4.9mg of creatinine and specific gravity of 1.001. Please note that I am unfortunately unable to provide this result due to unsuccessful attempts to retrieve this information, and other pertinent information requested from the medical review officer to assist in this case. The MRO requested I travel to Boston to be evaluated by his selected Nephrologist. My lawyer and I were uncomfortable with the lack of information the MRO was willing to provide regarding this visit. I am very cooperative with contributing to a study to resolve validity/drug-testing issues, however I feel it is extremely important for the studies to be conducted in an effective and controlled manner.

August 7, 2001 at 5:00pm I was informed by Delta that my June 26, 2001 follow up test was officially cancelled. However, they also stated the Department of Transportation still viewed my first test as "guilty" and the "refusal to test" and will not be removed from my record. I was taken out of Delta's follow-up program and the frequent validity/drug tests have been concluded. However in a recent meeting with Delta, I was informed that my June test has not been officially cancelled due to the Department of Transportation rejecting the decision of a MRO to cancel a test. I am still waiting for the confirmation and the status of that test.

The actions' regarding validity testing this past year has deeply affected my life. I have been wrongfully accused with a permanent scar on my record with absolutely no way to plea for my innocence. I am sincerely concerned that throughout this entire process there has been no evidence of "due process." It is essential to resolve this issue by expunging my record, as it is completely unfair for an innocent person to pay such consequences. It is essential for validity testing to be changed to encompass and protect all innocent people subjected to drug testing. We all must also be ensured that testing parameters and procedures be changed to prevent similar occurrences. Your assistance is greatly needed and will be much appreciated. Please respond with any information that will aid in my quest.

I very much look forward to your response and assistance.

Sincerely,



Michele D. Nelson
Delta Air lines,
Dept 610, SEA